

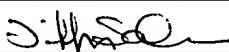
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3762

O I P E TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/699,003
<small>JUN 24 2005</small> <small>103-1000</small>		Filing Date	October 26, 2000
		First Named Inventor	M. Rigdon Lentz
		Art Unit	3762
		Examiner Name	Patricia Bianco
<small>4 Total Number of Pages in This Submission</small>		Attorney Docket Number	LEN 101 CIP CON

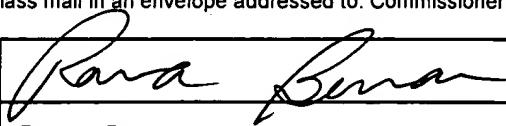
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <small>one (1) page of PTO-1449; one (1) reference; return postcard</small>	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Tiffany B. Salmon		
Date	June 24, 2005	Reg. No.	55,589

CERTIFICATE OF TRANSMISSION/MAILING

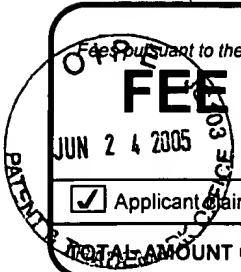
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Ronna Berman	Date	June 24, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 FEE TRANSMITTAL For FY 2005		Complete if Known	
Effective on 12/08/2004. Fee Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 09/699,003	Filing Date October 26, 2000
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor M. Rigdon Lentz	Examiner Name Patricia Bianco
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit 3762	Attorney Docket No. LEN 101 CIP CON

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small EntityFee (\$)
50Fee (\$)
25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)
200Fee (\$)
100

Multiple dependent claims

Fee (\$)
360Fee (\$)
180Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)15 - 20 or HP = 0 x 0.00 = 0.00

HP = highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)2 - 3 or HP = 0 x 0.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

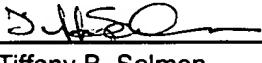
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____ = _____	<u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 55,589	Telephone (404) 879-2153
Name (Print/Type)	Tiffany B. Salmon		Date June 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: M. Rigdon Lentz

Serial No.: 09/699,003 Art Unit: 3762

Filed: October 26, 2000 Examiner: Patricia Bianco

For: *METHOD AND COMPOSITIONS FOR TREATMENT OF CANCERS*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicant submits a Supplemental Information Disclosure Statement, including one (1) page of Form PTO-1449 and a copy of the document cited therein.

This Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c), after a first Office Action on the merits and is accompanied by the Certification Under 37 C.F.R. §1.97 (e)(2). It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

Certification Under 37 C.F.R. §1.97 (e)(2)

Each item of information listed below was not cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, each item listed below was not known to any

U.S.S.N.: 09/699,003
Filed: October 26, 2000
SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

individual designated in § 1.56(c) more than three months prior to the filing of this Supplemental Information Disclosure Statement.

U.S. Patents

<u>Number</u>	<u>Issue Date</u>	<u>Patentee</u>	<u>Class/Subclass</u>
6,878,127	04-12-2005	Brady, et al.	604/6.09

Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicant invites the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicant is of the opinion that his claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



Tiffany B. Salmon
Reg. No. 55,589

Dated: June 22, 2005

PABST PATENT GROUP LLP
400 Colony Square, Suite 1200
1201 Peachtree Street
Atlanta, Georgia 30361
(404) 879-2153 (Telephone)
(404) 879-2160 (Fax)

Please type a plus sign (+) inside this box →

+

PTO/SB/08A (10-96)

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Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>(use as many sheets as necessary)</small>		Application Number	09/699,003
 <small>JUN 24 2005</small>		Filing Date	October 26, 2000
		First Named Inventor	M. Rigdon Lentz
		Group Art Unit	3762
		Examiner Name	Patricia Bianco
		Attorney Docket Number	LEN 101 CIP CON
Sheet 1 of 1	1	of	1

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner's Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

¹ Unique citation designation number ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commission for Patent, Washington, DC 20231.